

"Substitute per letter dated 12/18/91"

WHEREAS, the inherent goal of both parties is to assure an integrated system of high quality, comprehensive, adequately financed health services to Title V/Title XIX eligible individuals,

NOW THEREFORE, the parties agree as follows:

I. MUTUAL OBJECTIVES AND RESPECTIVE RESPONSIBILITIES

- A. Promote continuity of care, sharing of scarce expertise, reduction of unnecessary duplication of effort, efficient allocation of resources and the achievement of greater accountability to produce an enhanced and expanded health care service system to mutual clients and improve the health of citizens of the State of Nebraska.
- B. Assure maximum utilization of Title XIX resources by Title V grantees and providers.
 1. The Title XIX Agency shall:
 - a. Reimburse the Title V providers who are also Medicaid providers, in accordance with current Nebraska Medicaid rates and fees for all services within the scope of the Nebraska Medicaid program.
 - b. Establish a formal method of communication, collaboration and cooperation regarding procedures, periodicity and content standards for HEALTH CHECK (EPSDT), rates and reimbursement methods for services provided to mutual recipients by regularly scheduled meetings at least semi-annually or as the need arises.
 - c. Encourage and support the Title V Agency policy to recover third-party reimbursement and other revenues to the maximum extent possible so Federal grant dollars will be used most productively. It is the intent to make Medicaid funds the first and primary source of payment for medical services provided Medicaid recipients through Title V programs.
 - d. Plan, in conjunction with the Title V Agency, to address and remedy, the following problems and issues in the fiscal relationship between Medicaid and Title V providers:
 - 1) The potential for double billing, e.g. billing both Title XIX and Title V for the same services rendered to a Medicaid recipient by a Title V sub-grantee.

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- 2) The possibility of missed billing, e.g. billing Title V instead of Title XIX. Delegate the responsibility to the Title V sub-grantee to determine those individuals who are qualified recipients of Title XIX by requesting to see a current Medicaid identification card..
- 3) The identification of potential recipients eligible for both Title XIX and HEALTH CHECK services. These individuals will be informed of the availability of the screening and referred to the appropriate service to meet the recipients needs and to bill the Title XIX Agency for the HEALTH CHECK services on the approved form so accountability requirements for the HEALTH CHECK are met.
- 4) The potential of delegation of tasks by the Title XIX Agency to the Title V Agency to assure that Medicaid eligible children have access to and receive the full range of assessment, diagnostic and treatment services.

2. The Title V Agency shall:

- a. Ensure that all the Title V providers shall bill the Title XIX Agency for services provided, including HEALTH CHECK, in a manner prescribed by the Title XIX Agency.
 - b. Respond to and attend annual meetings regarding the rates and reimbursement methods as determined by the Title XIX Agency.
 - c. Assure that all third-party revenues, including Medicaid, shall be retained by the Title V provider and used to expand and improve services offered to Title V beneficiaries.
 - d. Cooperate and actively participate in the planning process described in Section 1.2 (A) (d) of this Agreement.
- C. Encourage comprehensive and continuous care to mutual clients by encouraging or requiring providers in each program enjoined by this Agreement, to identify and refer eligible individuals through the use of reciprocal referrals.

1. The Title XIX Agency shall:

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- a. Enroll on a timely basis, as Medicaid providers, all qualified Title V providers who apply for such status.
 - b. Inform and refer all potential mutual clients to seek the services of the Title V grantees that provide services to mutual clients.
2. The Title V Agency shall:
- a. Require all the Title V providers to inquire, apply and receive Medicaid certification if qualified.
 - b. Inform and refer all potential mutual recipients to the local Social Services offices for possible determination of Medicaid eligibility.
- D. Increase access to and improve delivery of prenatal and obstetric care to low-income women, particularly teenagers.

1. The Title XIX Agency shall:

- a. Inform/educate local Social Services personnel of the prenatal and obstetrical services available through Title V grantees to potential mutual beneficiaries. Special focus shall be aimed at the teen population.
- b. Refer all potential mutual beneficiaries for prenatal and obstetrical services, if after having been informed of the services the beneficiary requests such a referral.
- c. Ensure that all mutual recipients eligible for maternal and infant care services are informed of available HEALTH CHECK services and are appropriately referred if recipients request such referral.
- d. Reimburse maternal and infant care providers for providing all screening requirements to comply with HEALTH CHECK program services.

2. The Title V Agency shall:

- a. Inform all Title V providers that referral for Medicaid benefits should be made to all potential mutual beneficiaries.
- b. Refer all potential mutual beneficiaries who qualify for Medicaid, if after having been informed of the services the beneficiary desires such a referral.

- c. Inform all mutual recipients of the availability of HEALTH CHECK program services and provide such screening services and refer, if recipient so desires, to appropriate services to meet recipients other needs.
 - d. Submit to the Title XIX Agency for the HEALTH CHECK program services on the approved form so accountability requirements for HEALTH CHECK can be met.
- E. Develop a system that assures early identification of Title XIX eligible individuals, including pregnant women, in need of preventive health, medical or remedial care and services, and assists and supports such individuals in obtaining needed services.

1. The Title XIX Agency shall:

- a. Inform and educate all Title XIX state and local personnel to make them knowledgeable of the services offered by Title V programs to enable personnel to make referrals of potentially mutual recipients who qualify for such services.
- b. Refer all potential mutual beneficiaries for Title V services, if after having been informed of the benefits and services the beneficiary requests such a referral.
- c. Cooperate with the Title V Agency in stressing the need at the local level for the development of a reciprocal referral system.
- d. Cooperate with the development, establishment, implementation, and ongoing evaluation of the Title V toll-free phone line for expectant mothers and mothers of children and share provider enrollment information on a regular basis. Cooperate with Title V in establishing protocol on how referrals are made to Title XIX providers.

2. The Title V Agency shall:

- a. Inform and educate all Title V state and grantee personnel to make them knowledgeable of the services offered by, and eligibility requirements of Title XIX for potentially mutual beneficiaries.
- b. Refer to and inform local Title XIX agencies of a potential mutual beneficiary.

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- c. Cooperate with the Title XIX Agency in encouraging and developing reciprocal referral systems at the local level.
- d. Cooperate with the development, establishment, implementation, and ongoing evaluation of the Title V toll-free phone line for expectant mothers and mothers of children and share toll-free phone line information regarding utilization problems, reports, and any other activities related to Title XIX.

II. SERVICES

A. The Title XIX Agency and Title V Agency shall provide the following services to Medicaid eligible beneficiaries:

- 1. Title XIX Agency Services provide medical care and services to maintain good mental and physical health, prevent disease and disability, mitigate disease and rehabilitate the individual.

- a. The Medical Assistance Program provides necessary and appropriate medical care including, but not limited to, the following:

Dental Services and Dentures
Inpatient hospital care
Outpatient hospital care (includes day care)
Laboratory and radiology services
Nursing facility
Intermediate care facilities for the mentally retarded
Home health care services
Family planning
Early and periodic screening, diagnosis and treatment
Physician services
Clinic Services
Prescription drugs
Durable medical equipment and supplies
Nurse midwife
Medical transportation
Inpatient psychiatric services for persons under 22 years of age and for persons age 65 or older in institutions for mental disease
Case management
Visual care services
Personal care services
Services of psychologists
Speech and hearing therapy
Rural health clinic
Occupational therapy

Diagnostic, preventative, remedial and rehabilitative services are provided within licensure of practitioners licensed to practice medicine, surgery, dentistry, osteopathy, chiropractic, podiatry, optometry, private RN and LPN duty nursing, physical therapy and pharmacy.
Home and community based waiver services

- b. HEALTH CHECK (EPSDT: Early and Periodic Screening, Diagnosis and Treatment) is defined as follows:

Early: "Early" means as soon as an individual or a family eligibility for assistance has been established; or, in the case of an individual or family already receiving assistance, as early as possible in the individual's life.

Periodic: Intervals established for examination or screening to ensure continued health and to detect conditions requiring treatment. Annual dental screening examinations are recommended for children three and older. If a dental problem is suspected before age three, a dental screening should occur at that time. Medical, visual, and hearing exams are to begin with a neonatal exam and follow, at a minimum, the periodicity schedule based on the American Academy of Pediatrics schedule for health supervision visits (see 471 NAC 33-002.03). The physician may establish an alternate periodicity schedule based on medical necessity. The initial examination of a newborn is considered an initial HEALTH CHECK (EPSDT) examination and the child is considered participating in the program. Well-baby and well-child examinations are to be reported as HEALTH CHECK examinations through the EPSDT program.

Interperiodic: Interperiodic screening examinations will be covered when medically necessary to determine the existence of suspected physical or medical illness or conditions or if the severity of an illness or condition has changed.

Screening Services: Periodic child health assessments which are regularly scheduled to examine and evaluate the general physical and mental health, growth, development, and nutritional status of eligible children. The screenings are performed to identify those

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Diagnosis: The determination of the nature or cause of a physical or mental disease or abnormality. A diagnosis enables a physician to make a plan for treatment specific to the HEALTH CHECK (EPSDT) participant's problems. Under certain circumstances, diagnosis may be provided at the same time as screening. In other circumstances, diagnosis may be provided during a second appointment. The diagnosis may or may not require further follow-up. It may result in referral for treatment.

Treatment Services: HEALTH CHECK (EPSDT) follow-up services necessary to diagnose or to treat a condition identified during a HEALTH CHECK (EPSDT). Health, visual, hearing, or dental screening examinations are covered under the following conditions:

- 1) The service is required to treat the condition (i.e., to correct or ameliorate defects and physical or mental illnesses or conditions) identified during a HEALTH CHECK (EPSDT) screening examination and documented on the screening claim form (Form MC-5 for health screening; Form HCFA-1500 for vision or hearing services performed outside of the health screening; or Form MC-13 for dental services);
- 2) The provider of services is a Medicaid-enrolled provider;
- 3) The service is consistent with applicable federal and state laws that govern the provision of health care;
- 4) The service must be medically necessary, safe and effective, and not considered experimental or investigational;
- 5) Services currently covered under the Nebraska Medical Assistance Program will be governed by the guidelines of the Title XIX Agency.
- 6) Services not covered under the Nebraska Title XIX Program but defined in Section 1905 (a) of the Social Security Act must meet the conditions of items (i) through (v) and HEALTH CHECK regulations defined in 471 NAC 33-001.03.

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The purpose of HEALTH CHECK (EPSDT) is to provide for the early detection of illness or defects through a screening examination, to provide for follow-up of the condition detected during the screening, to provide continuity of care, and to promote healthy lifestyles. It is intended to encourage and ensure that treatment is available and received by those eligible and in need of treatment by the application of medical knowledge and technology to cure, correct, or alleviate health problems. The following items are included as benefits:

- Health and developmental history (including assessment of both physical and mental health development)
- Unclothed physical examination
- Immunizations which are appropriate for age and health history
- Health education (including anticipatory guidance)
- Vision screening services
- Hearing screening services
- Appropriate laboratory procedures (including blood lead level assessment appropriate for age and risk factors)
- Dental screening - services are furnished by direct referral to a dentist for children age three and older. Children age two and younger are screened by the screening physician as part of the health screening exam. If a dental problem is suspected before age three, a dental screening should occur earlier.

2. Title V Agency Services provide access to maternal and child health services that are family-centered, community-based, and effectively coordinated, and facilitate development of systems of care for children with special health care needs and their families.

Services provided under the Maternal and Child Health (MCH) Block Grant to improve the health of mothers and children, especially those who do not have access to quality maternal and child health care, are consistent with federal requirements. In accordance with the Omnibus Budget Reconciliation Act (OBRA) of 1989, Public Law 101-239, 42 U.S.C. 701 et seq. (1989), service provision is identified by three components: Component A which is preventive and primary health care services for pregnant women, mothers and infants up to age one; Component B which is preventive and primary health care services for children and adolescents (through age 21); and

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Component C which is family-centered, community-based coordinated care and the development of community-based services for children with special health care needs and their families.

Sub-grants are awarded through a Request for Proposal process. Eligible applicants shall be public or private non-profit incorporated entities. Projects funded can be either local, area-wide or statewide in geographic scope. All proposals are assessed on their merits and on their relation to the priorities of Title V as specified in OBRA '89 and priorities identified by the Department of Health. Priorities for use of MCH funds are established by component as defined in federal law and guidance materials.

- a. Component A consists of priorities related to pregnancy, perinatal health and infant health up to one year of age. Title V sub-grantees may develop proposals to implement the following programs:

Programs designed to increase the proportion of low-income women and other high risk women such as teenagers, minorities, alcohol/drug users and smokers, who begin receiving prenatal care in the first trimester.

Programs designed to reduce infant mortality among ethnic minority populations.

Programs designed to improve access to preventive health care services for mothers and infants.

Field initiated programs related to perinatal health.

- b. Component B consists of priorities related to the health of children and adolescents. Title V sub-grantees may develop proposals to implement the following projects:

Demonstration projects designed to simultaneously reduce the rates of unintended pregnancy, adolescent pregnancy, and sexually transmitted diseases in high risk populations.

Projects designed to provide well child clinics and supportive services.

Projects designed to reduce, among adolescents, the use of tobacco, alcohol, marijuana, and/or cocaine.

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Projects designed to assess the oral health needs and status of elementary school children across Nebraska to reflect a cross-section of the population.

Field initiated projects related to the health of children and adolescents.

- c. Component C consists of priorities related to the health of children with special health care needs. Title V sub-grantees may develop proposals to implement the following projects:

The provision of statewide genetic screening and counseling services.

Projects that provide nutrition counseling for children and adolescents with metabolic disorders and their families.

Projects designed to provide ongoing educational seminars to primary care physicians and other health care providers on the management of chronic conditions and the services available through the Medically Handicapped Children's Program (MCHP).

Projects designed to develop curricula and provide training to nurses to function as clinic coordinators to the Medically Handicapped Children's Program (MCHP).

Projects that establish written management protocols for several of the chronic conditions managed by Medically Handicapped Children's Program (MCHP) teams.

Field initiated projects related to the health of children with special health care needs.

Grantees may change from year to year through the Request for Proposal process, but the overall focus of activities under the block grant remains fairly consistent. The following is a list of services usually provided through the MCH Block Grant by sub-grantees.

Direct prenatal care services
Well baby and well child care
Immunizations for infants, children, and adolescents
Home visits
Genetic counseling